

Farmers Market Agency Pickup (FMAP) Authorized Donation Invoice

- Food Grower:** 1. Log pounds donated below. One form can be used for multiple donation days.
 2. Have food shelf representative/market manager initial each line and sign bottom of form
 3. Mail/email a copy of this invoice to Second Harvest Heartland once amount is equal to or greater than \$100 in reimbursement costs, or at the end of the season if \$100 is not reached. See bottom of page for address.

Food Shelf Representative or Market Manager: If grower has used entire receipt for one day, sign bottom of form. If grower is using form for multiple dates, please initial next to each date, and sign at the bottom once form is full.

GROWER INFORMATION
Grower/Farm Name : _____
Farmers Market: _____
Food Shelf: _____

DONATION LOG

PRODUCE TYPE	ESTIMATED POUNDS	FOOD SHELF INITIAL	DATE

I hereby certify that the food donor/entity listed above produced the donated items, and that the facts and figures presented in this form are true and correct.

Invoice Number: _____

Print Name and phone number (Food Grower): _____

Signature (Food Grower): _____ **Date:** _____

Print Name (Food Shelf Rep./Market Manager): _____

Signature (Food Shelf Rep./Market Manager): _____
 _____ **Date:** _____

Email/Mail to:
 Second Harvest Heartland
 7101 Winnetka Ave N, Brooklyn
 Park, MN 55428
 Attn: Heidi Coe
 hcoe@2harvest.org, 651-282-
 0855